

Case Number:	CM14-0100950		
Date Assigned:	07/30/2014	Date of Injury:	01/05/1993
Decision Date:	09/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 57 pages provided for review. The item that was denied or modified was preoperative M.D. medical clearance. Per the records provided, there was a peer clinical review report. The date of injury was from 1993. The claimant was born May 22, 1950. He is a 64-year-old male who had injuries to multiple body parts on January 5, 1993 when he was working as a carpenter. He lost his balance and fell 8 to 14 feet to the ground suffering fractures to the right tibia and fibula. He required external fixation and bone grafts. He is status post a right pylon fracture with ankle varus deformity and traumatic orthosis, right foot deformity with metatarsalgia and hammertoe deformity. He has had postoperative physical therapy and activity modification. As of June 11, 2014, he had sharp right ankle pain. He is now working in sales. His medical history included hypertension and an arrhythmia and heart murmur. There was 3 mm shortening of the tibia which has resulted in a 15 varus deformity. Shoulder pathology reported prohibits a crutch or walker use. The plan was for partial excision of the right tibia and talus for exostosis with debridement of the medial ankle gutter. There was also authorization request for a kneeling walker, preoperative testing including the complete blood count, comprehensive metabolic panel, prothrombin time, partial thromboplastin time, electrocardiogram and chest x-ray and preoperative medical clearance. The reviewer noted the surgery was denied so the service was not needed. Several PR-2s were provided. A note from Arrowhead Orthopedics from June 11, 2014 notes he has right ankle pain. His current medicines were pantoprazole, pravastatin, Terazosin, Montelukast, and aspirin. He is a non-smoker. The request was for the surgery. It appears also that the preoperative testing was non certified and underwent independent medical review. Finally on June 19, 2014 the request for the surgery itself was non certified. It also underwent independent medical review. The kneeling walker was also non

certified. It too underwent independent medical review. There was a handwritten letter provided by the claimant, as well. The medicine was Hydrocodone Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, 2nd edition 2004, pg 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Chapter 7 page 127.

Decision rationale: Per the California MTUS, specifically the ACOEM guidelines Chapter 5, page 75, other health-care professionals who treat work-related injuries can make an important contribution to the appropriate management of symptoms. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, it appears from the records that this surgery was non-certified; therefore, according to MTUS criteria the pre-operative clearance is not medically necessary.